E5406 COUNTY :	TRUNK	AΑ
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WEYAUWEGA	54983	Phone: (920) 867-2183	3	Ownership:	County
Operated from 1	./1 To 12/31	l Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conju	nction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	et Up and St	taffed (12/31/03):	59	Title 18 (Medicare) Certified?	No
Total Licensed E	ed Capacity	(12/31/03):	62	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31	1/03:	48	Average Daily Census:	52

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 		 Less Than 1 Year 1 - 4 Years	8.3 39.6
Supp. Home Care-Household Services No Developmental		Developmental Disabilities	0.0	Under 65	14.6	More Than 4 Years	47.9
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	12.5 45.8	•	95.8
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	22.9	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0.0	 		Nursing Staff per 100 Res: (12/31/03)	idents
Other Meals	No	Cardiovascular	0.0	65 & Over	85.4		
Transportation	No	Cerebrovascular	0.0			RNs	13.0
Referral Service	No	Diabetes	4.2	Gender	용	LPNs	10.3
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	37.5	Aides, & Orderlies	51.2
Mentally Ill	Yes			Female	62.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay			Family Care			lanaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	010	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	41	100.0	114	0	0.0	0	5	100.0	144	2	100.0	114	0	0.0	0	48	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		41	100.0		0	0.0		5	100.0		2	100.0		0	0.0		48	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	I				% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	14.3	Bathing	8.3		25.0	66.7	48
Other Nursing Homes	28.6	Dressing	20.8		27.1	52.1	48
Acute Care Hospitals	0.0	Transferring	29.2		43.8	27.1	48
Psych. HospMR/DD Facilities	42.9	Toilet Use	20.8		22.9	56.3	48
Rehabilitation Hospitals	0.0	Eating	52.1		18.8	29.2	48
Other Locations	0.0	*****	******	*****	******	******	*****
Total Number of Admissions	7	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	2.1	Receiving Resp	iratory Care	2.1
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	70.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	58.3	Receiving Suct	ioning	0.0
Other Nursing Homes	21.4	-			Receiving Osto	my Care	4.2
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.3	Receiving Mech	anically Altered Diets	66.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	78.6	With Pressure Sores		8.3	Have Advance D	irectives	89.6
Total Number of Discharges	i	With Rashes		27.1	Medications		
(Including Deaths)	14 i				Receiving Psyc	hoactive Drugs	87.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	90	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.2	88.1	0.94	88.0	0.95	88.1	0.94	87.4	0.95
Current Residents from In-County	64.6	55.3	1.17	72.9	0.89	69.7	0.93	76.7	0.84
Admissions from In-County, Still Residing	42.9	26.8	1.60	20.1	2.13	21.4	2.00	19.6	2.18
Admissions/Average Daily Census	13.5	57.4	0.23	129.5	0.10	109.6	0.12	141.3	0.10
Discharges/Average Daily Census	26.9	59.7	0.45	130.3	0.21	111.3	0.24	142.5	0.19
Discharges To Private Residence/Average Daily Census	0.0	17.8	0.00	52.2	0.00	42.9	0.00	61.6	0.00
Residents Receiving Skilled Care	100	85.9	1.16	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	85.4	88.5	0.97	94.2	0.91	93.1	0.92	87.8	0.97
Title 19 (Medicaid) Funded Residents	85.4	76.4	1.12	66.3	1.29	68.8	1.24	65.9	1.30
Private Pay Funded Residents	10.4	18.1	0.58	21.6	0.48	20.5	0.51	21.0	0.50
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	95.8	47.1	2.04	36.2	2.65	38.2	2.51	33.6	2.85
General Medical Service Residents	0.0	21.1	0.00	21.5	0.00	21.9	0.00	20.6	0.00
Impaired ADL (Mean)	60.8	44.7	1.36	48.4	1.26	48.0	1.27	49.4	1.23
Psychological Problems	87.5	62.8	1.39	53.4	1.64	54.9	1.59	57.4	1.53
Nursing Care Required (Mean)	13.5	7.8	1.73	6.9	1.96	7.3	1.86	7.3	1.85